PATENT APPLICATION FEE DETERMINATION RECO Effective October 1, 2003									Api	piicau ID	Nort	Docket Nur	mber $\sqrt{23}$	
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE				OTHER THAN		
T	OTAL CLAIMS	13						RATE		FEE	7	RATE	FÉE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC F	EE .	385.00	OR	BASIC FEE	770.00	
TO	OTAL CHARGE	ABLE CLAIMS	13m	/3minus 20=		· []		X\$ 9=	-		OR	X\$18=		
INI	DEPENDENT C	LAIMS	minus 3 = 7					X43=			OR	X86=	1	
Μŧ	JETIPLE DEPE	NDENT CLAIM P	RESENT					4.45	$\top$		1		/	
*.If the difference in column 1 is less than zero, enter "0" in column 2								+145=		_	OR	+290=	4	
DS SCLAIMS AS AMENDED - PART II								TOTAL	Ļ		OR	TOTAL	72	
ł	(Column 1) (Column 2) (Column 3)							SMAL	L EN	ITITY	OR	OTHER SMALL:		
AMENDMENTA		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO	EST BER USLY	PRESENT		RATE	T	ADDI- IONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	· 12	Minus	all		=/		X\$ 9=		7	OR	X\$18=		
	Independent	·a	Minus			[=	1	-X43≥	1		OR	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							.445	$\dagger$		1	+290=		
							L	+145=	+		OR	TOTAL		
		(Column 4)		(Only 100)		(Oal	A	DDIT. FE			JOR ,	ADDIT. FEE		
AMENDMENT B		(Column 1) CLAIMS	Ī —	(Colum	ST	(Column 3)	Ιг		T 4	DDI-	1		ADDI-	
		REMAINING AFTER AMENDMENT		PREVIO	USLY	PRESENT -EXTRA		RATE	TI	ONAL FEE		RATE	TIONAL	
	Total	*	Minus	**	•			X\$ 9=			OR	X\$18=		
	Independent	*	Minus	•••		=		X43=	T	-	OR	X86=		
	FIRST PRESE	NTATION OF MU	JLTIPLE DEI	PENDENT	CLAIM	. 🔲		. 4 45	十			200		
							Ļ	+145=	_	<del></del>	OR	+290=	•	
											OR ,	ODIT. FEE		
(Column 1) (Column 2) (Column 3) CLAIMS HIGHEST														
AMENDMENT C	•	REMAINING AFTER AMENDMENT		NUMBI PREVIOL PAID F	ER JSLY	PRESENT EXTRA		RATE	TIC	DDI- DNAL		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	**		=	ı	X\$ 9=	T			X\$18=	. FEE	
	Independent	•	Minus	***		=	$\vdash$		╁		OR			
<	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							X43=	┡		OR	X86=		
+145= OR +290=														
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."										OR A	TOTAL DOIT, FEE			
1	he Highest Num	mper Previously Paid ber Previously Paid	IN POP IN 1 MI 1 For* (Total or	o SMACE IS I Independen	ess than 1) is the i	ਮ ਤੋ, enter "3." highest number			-	riate box			. ]	